VALLEY MANOR NURSING HOME

Provide Day Programming for

916 EAST CLIFFORD STREET PLYMOUTH 53073 Phone: (920) 893-4777 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/02): Title 18 (Medicare) Certified? Title 19 (Medicaid) Certified? Total Licensed Bed Capacity (12/31/02): 60 Yes Average Daily Census: Number of Residents on 12/31/02: 59 \* Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % No | Primary Diagnosis % | Age Groups % | Less Than 1 Year Home Health Care No | ----- | 1 - 4 Years Supp. Home Care-Personal Care 44.1 Supp. Home Care-Household Services No | Developmental Disabilities 0.0 | Under 65 1.7 | More Than 4 Years No | Mental Illness (Org./Psy) 16.9 | 65 - 74 6.8 | Day Services No | Mental Illness (Other) 3.4 | 75 - 84 Respite Care 13.6 | No | Alcohol & Other Drug Abuse 0.0 | 85 - 94 Adult Day Care 57.6 | \* 20.3 | Full-Time Equivalent No | Para-, Quadra-, Hemiplegic 1.7 | 95 & Over Adult Day Health Care ---- | Nursing Staff per 100 Residents Congregate Meals No | Cancer 0.0 | 0.0 100.0 | (12/31/02) Home Delivered Meals No | Fractures 28.8 | 65 & Over 98.3 |-----No | Cardiovascular Other Meals 6.8 | ----- | RNs No | Cerebrovascular Transportation 13.6 | Sex % | LPNs Referral Service No | Diabetes No | Respiratory 3.4 | ------ | Nursing Assistants, Other Services | Other Medical Conditions 25.4 | Male 11.9 | Aides, & Orderlies 44.7 Provide Day Programming for Mentally Ill ---- | Female ---- | 88.1 |

## \* Method of Reimbursement

Developmentally Disabled No | 100.0 |

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	Medicare (Title 18)		Medicaid (Title 19)		Other			Private Pay		Family Care		Managed Care								
Level of Care	No.	o <sub>o</sub>	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	44	93.6	153	0	0.0	0	11	91.7	153	0	0.0	0	0	0.0	0	55	93.2
Intermediate				3	6.4	146	0	0.0	0	1	8.3	146	0	0.0	0	0	0.0	0	4	6.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		47	100.0		0	0.0		12	100.0		0	0.0		0	0.0		59	100.0

VALLEY MANOR NURSING HOME

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Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02									
Deaths During Reporting Period										
				9	% Needing		Total			
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of			
Private Home/No Home Health	17.6	<u> </u>	Independent	One	Or Two Staff	Dependent	Residents			
Private Home/With Home Health	23.5	Bathing	18.6		61.0	20.3	59			
Other Nursing Homes			32.2		47.5	20.3	59			
Acute Care Hospitals	41.2	Transferring	52.5		30.5	16.9	59			
Psych. HospMR/DD Facilities	0.0	Toilet Use	45.8		35.6	18.6	59			
Rehabilitation Hospitals	0.0	Eating	88.1		6.8	5.1	59			
Other Locations	11.8	******	*****	****	*****	* * * * * * * * * * * * * * * * * * * *	*****			
Total Number of Admissions	17	Continence		용	Special Treat	ments	용			
Percent Discharges To:		Indwelling Or Externa	al Catheter	1.7	Receiving R	espiratory Care	10.2			
Private Home/No Home Health	5.9	Occ/Freq. Incontinent	t of Bladder	32.2		racheostomy Care	0.0			
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	22.0	Receiving S	uctioning	0.0			
Other Nursing Homes	0.0				Receiving O	stomy Care	0.0			
Acute Care Hospitals		Mobility			Receiving T	ube Feeding	0.0			
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	0.0	Receiving M	echanically Altered Diet:	3 28.8			
Rehabilitation Hospitals	0.0									
Other Locations	0.0	Skin Care			Other Residen	t Characteristics				
Deaths	94.1	With Pressure Sores		0.0	Have Advanc	e Directives	98.3			
Total Number of Discharges		With Rashes		10.2	Medications					
(Including Deaths)	17				Receiving P	sychoactive Drugs	62.7			

	This	Other	Hospital-	Ž.	A11	
	Facility	Based F	acilities	Fac	ilties	
	%	용	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	87.4	1.14	85.1	1.17	
Current Residents from In-County	94.9	84.3	1.13	76.6	1.24	
Admissions from In-County, Still Residing	76.5	15.2	5.04	20.3	3.77	
Admissions/Average Daily Census	28.3	213.3	0.13	133.4	0.21	
Discharges/Average Daily Census	28.3	214.2	0.13	135.3	0.21	
Discharges To Private Residence/Average Daily Census	1.7	112.9	0.01	56.6	0.03	
Residents Receiving Skilled Care	93.2	91.1	1.02	86.3	1.08	
Residents Aged 65 and Older	98.3	91.8	1.07	87.7	1.12	
Title 19 (Medicaid) Funded Residents	79.7	65.1	1.22	67.5	1.18	
Private Pay Funded Residents	20.3	22.6	0.90	21.0	0.97	
Developmentally Disabled Residents	0.0	1.5	0.00	7.1	0.00	
Mentally Ill Residents	20.3	31.3	0.65	33.3	0.61	
General Medical Service Residents	25.4	21.8	1.17	20.5	1.24	
<pre>Impaired ADL (Mean) *</pre>	34.6	48.9	0.71	49.3	0.70	
Psychological Problems	62.7	51.6	1.21	54.0	1.16	
Nursing Care Required (Mean) *	6.1	7.4	0.83	7.2	0.85	